



Medicaid Quality Committee
June 10, 2016 1:00 PM -3:00 PM
Meeting Minutes

Committee Attendance		
Rebekah Gee, M.D., Chair	LDH - Secretary	In Person
Bryan Sibley, M.D., Vice Chair	Physicians – Lafayette	In Person
Justin Bennet, NP	Rural Health Nursing	In Person
Sandra Blake, MBA, PhD	University of Louisiana at Monroe	In Person
Harold Brandt, M.D.	LDH – Medicaid Quality Director	In Person
Rita Finn, RN		
Michael Giorlando, D.D.S.	MCNA	In Person
Rep. Frank Hoffmann	La House of Representatives Dist. 15	Absent
Robin Houge, MD		Absent
Michelle Hurst, MD	OCDD representative	In Person
Dr. James Hussey	LDH – Director of OBH	On Phone
Mark Keiser	Access Health Louisiana	
Lyn Kieltyka, PhD.	CDC	On Phone
Myra Kleinpeter, M.D.	Tulane School of Medicine	Absent
Mary Gauthier-Lewis, PharmD		In Person
Ann Kay Logarbo, M.D.	UnitedHealthcare Community Plan	In Person
Senator Fred Mills	La State Senator	Absent
Sonya Nelson	Amerigroup	
Mary Noel	HCA Louisiana	In Person
Raymond Poliquit, MD	Amerigroup	In Person
Charles Powers, MD		In Person
Laura Richey, M.D., FACEP	LSUHSC - Baton Rouge	In Person
Floyd Roberts, Jr., MD	LHA	In Person
Alfred Robichaux III, M.D.	Ochsner	Absent w/ notification
Joe Rosier	Rapides Foundation - Central Louisiana	
Raman Singh, MD	DOC	In Person
Steve Spedale, M.D.	Infamedics	In Person
John A. Vanchiere, M.D.	Physicians – Shreveport	In Person
Marcus Wallace, MD	LHCC	In Person
Rodney Wise, MD	AmeriHealth Caritas of Louisiana	Absent

- Dr. Gee called the meeting to order at 1pm.
- Dr. Gee introduced SreyRam Kuy, MD as the new Medicaid Medical Director, and Harold Brandt, MD as the Medicaid Quality Director.
- Dr. Gee left the meeting to attend a meeting with the Governor, but returned later in the meeting to deliver an update on the Medicaid expansion efforts.

Introduction of new members to the Medicaid Quality Committee:

- Rita Finn, RN
 - Robin Hogue, MD
 - Michelle Hurst, RN
 - Mary Gauthier-Lewis, MD
 - Senator Fred Mills
 - Charles Powers, MD
 - Floyd “Flip” Roberts, MD
 - Raman Singh, MD
- Dr. Kuy introduced herself to the group, and assumed the duties as Chair for the Quality Committee. She spoke briefly about the early successes of the Medicaid expansion.

Zika Update – slides attached

- Kyle Moppert, the State Medical Entomologist, gave the Committee an update about the Zika virus. Mr. Moppert described the vector control efforts that are underway at a parish and city level throughout the state that will help abate the mosquito population that could potential carry the Zika virus.
- 67 towns and cities spray for mosquitos, some with regular schedules, others are dependent on local authorities to determine how often spraying takes place. Louisiana’s spraying system is quite robust and effective, especially compared with larger states like Texas.
- There will likely be a lot of travel-related cases in Louisiana, due to the high number of travelers visiting the state for tourism and through the cruise ship port of entry.
- Justin Bennett asked if there were contraceptive plans in place to protect females. Mr. Moppert explained that the Zika virus can live in semen for up to 62 days, but only 11 days in the bloodstream, so the majority of transmissions that have been recorded and reported on in Brazil are thought to be sexual in nature. It is very important to communicate with patients who have traveled to the regions where Zika has been known to flourish (South America, Central America, the Caribbean) to use protection for up to six weeks upon return to the US. The average patient is asymptomatic, so it is important to stress the need for use of repellants and contraception.
- A comprehensive plan is in place that was constructed alongside the CDC, but funding from Congress will determine how many resources we have as a state to contribute to testing and outreach.

17P Update:

- Dr. Ekwutosi Okoroh gave the group an update about the recent barriers in obtaining and administering 17P to at-risk pregnant women.
- Makena (hydroxyprogesterone caproate injection) is a prescription hormone medicine (progestin) used to lower the risk of preterm birth in women who are pregnant with one baby and who have delivered one baby too early (preterm) in the past.
- Recently, Makena switched from single-dose to multi-dose, which caused a huge backlog for providers in the state. There have also been issues regarding reimbursement for providers, as they have been asked to pay up-front for the dosage.



- In addition, Optum's acquisition of Alere, a case management service that Healthy Louisiana plans were using to help deliver 17P injections to patients in their homes, has caused further complications to a process that had shown promise for reaching at-risk women throughout the state.
- Update: Dr. Gee and team are conducting a call with Lumara Health, maker of Makena, in late June. Further updates will be provided at future Quality Committee meetings.

Subcommittee Updates:

Pediatrics Subcommittee:

- Dr. Vanchiere gave an update about the recent activities of the Pediatric Subcommittee. The group has met three times since December and have focused on the following topics:
 1. Data Collection - The group has been evaluating data at level 1&2 ER utilization, looking at areas of concern that could be addressed without ER visits.
 - a. There is a lot of support in the group for co-pay for non-emergent ER visits
 2. MCO Payment Decreases – There is concern about the ramifications for quality and access to care if payments are decreased.
 3. Behavioral Stimulant Medications - One of the companies that provide stimulant medications reported a 15% increase (\$35million to \$45-50 million) for ADHD medications for children in the past year.
 4. Expansion of Medicaid- A point of concern for the Subcommittee members is that adults cost more than children and a disproportionate use of funds will be used for adult population. They want to make sure that quality metrics remain strong for pediatric vaccines and other successes.

Neonatology Subcommittee:

- Dr. Spedale updated the Committee about the work of the NICU Subcommittee. The group has met once this year, with another meeting scheduled for the week following this meeting.
 1. All of the Level 3 and above units have joined the Vermont Oxford Network (data collection service). Continued efforts are being made to coordinate an un-blinding of the data so that the units that are performing well can assist those that may not have the same quality of outcomes.
 2. Each of the Level 3 and above NICUs have adopted a protocol for addressing Neonatal Abstinence Syndrome
 3. There is ongoing coordination with NICUs across the state for hurricane and disaster evacuation planning. Dr. Spedale will meet with Governor Edwards soon to share the plan.
 4. The updated Levels of Care for Obstetrical and Neonatal Units are awaiting final approval. The public comments were generally very positive and the new rules should be implemented later this year.
- There was a question from the Committee about the importance of the Vermont Oxford Network (VON). Dr. Spedale explained that the VON tracks 60,000 very low Birthweight babies nationwide. The information is collected to establish benchmarks and set quality standards for standards of care. All-in-all, the state is doing pretty well, according to Dr. Spedale.

Adult Medicine Subcommittee:

- Dr. Brandt shared that the "dream team of quality" has been contacted to populate Adult Medicine Subcommittee. The group met in February to review the first line of quality measures that will be adopted. This week the Subcommittee will receive a list of measures to apply to the Medicaid expansion population in order to help set expectations of health plans. The group will provide feedback on the list and the final list will be shared in September to the QC group.

- A motion was made to approve the minutes from December's meeting. The motion was seconded and unanimously approved.

Perinatal Quality Collaborative – slides attached

- Amy Zapata, Bureau of Family Health Director, provided an update of the efforts of the Perinatal Quality Collaborative.
- There are 2 main activities: The Gift Hospital Designation Program and the AIM Project
- The AIM project includes 6 maternal safety bundles within birth facilities. Louisiana has chosen to focus on the safe reduction of primary C-Section first-time births and Obstetric hemorrhage through the alignment resources and strategies to move the needle on maternal morbidity and mortality.
- Louisiana was originally part of Cohort 1, but will instead join Cohort 2 to allow for time to better align statewide efforts, also providing the opportunity to learn from the other states in Cohort 1. Woman's Hospital has done work to have doctors quantify blood loss in an effort to establish appropriate baseline data for Louisiana.

NAS update:

- The Department of Child and Family Services and the Office of Public Health have been working together to help increase early screenings and establish referral protocols for treatment of addicted mothers. There have been great successes documented during the past 6-9 months.
- A Toolkit is being created for providers to help guide best practices that should be ready by 2017.
- Dr. Sandy Blake is in charge of the data team. Process and performance measures have been finalized in order to aid in the development of a strong infrastructure to help address substance abuse issues.
- Dr. Singh added that out of 40,000 offenders, 86% have substance abuse issues. Pregnant women who are in the corrections systems are being identified as potential NAS patients. Continued efforts to tap databases to help identify at-risk women are underway, and DOC and LDH are committed to working together to come up with solutions.

Fluoride Varnish update – information attached

- Cordelia Clay, Manager for Medicaid Dental Projects, shared an update on the fluoride varnish that can be applied to children aged 6-9. Drs. Barsley and Giorlando and the LSU School of Medicine in Shreveport have been working with LDH to update policy to provide links to assessment prior to application, new CPT procedure code, and associated diagnosis codes for non-dental providers to apply varnish to children in need.
- Physicians, NPs and PAs can apply the varnish, but MDs can delegate to RNs and LPNs as well. There was discussion about adding CNMs as delegated providers.
- LDH is in the process of submitting the new policy to allow CMAs to apply fluoride varnish for reimbursement. There will be a public hearing on July 28th regarding the inclusion of CMAs.
- Most areas in the state receive water from small sources, so only 40% of the state has fluoride in the water.
- Justin Bennett asked a question: what percentage of non-dentists are applying varnish? Dr. Giorlando responded that 61 physicians, NPs and PAs in the state provided the service last year, as it is now a covered and reimbursable service.

Transparency Report:

- Jen Steele, Medicaid Medical Director, gave a brief update about the Transparency Report, which closes out Fiscal Years 14 and 15, due on June 30th.
- LDH has been working diligently to make reports align with 5 plans, 2 models. Lots of time and effort has been concentrated to make sure that everything is aligned. Part of the difficulty has been history – standing reports for oversight – indicative of what stakeholders' questions have been. Jen has



been looking at structure of staffing and contract support for MCO oversight. We will realign structure to help improve the functionality of the quantitative aspects of the reporting.

- Once reports are completed there will be an investment in refocusing for future requirements.
- Dr. Gee returned and updated the group about the Medicaid expansion efforts that have been underway since January 11th, highlighting the importance of the opportunity as the state with the largest proportional increase of Medicaid population.
- Medicaid before expansion covered children, pregnant women and persons with disabilities. Now, over 70% of Medicaid recipients will be working people who did not have enough income to afford private insurance on the marketplace.
- LDH began the expansion planning with uncertainty, with the original thought to model efforts on other states that had expanded. New office space and new state employees were thought to be needed to handle the work associated with enrollment. But, the legislature made it clear that no new resources were going to be allocated, so new methodologies were introduced:
 1. SNAP auto-enrollment
 2. Out-stationing – over 100 committed out stationing workers already in place
 3. Ongoing establishment of eligibility requirements
- The website and phone systems have been working extremely well, which more than 200,000 already enrolled.
- There is a need for a new sense of responsibility to educate providers and patients about the new culture that will accompany the major system changes that will accompany expansion.
- Dr. Singh thanked LDH for the hard work thus far. He commented that there are 15,000 high school dropouts each year in Louisiana and 15,000 new entrants in the criminal justice system. There is a great opportunity now to combine efforts of multiple state agencies to build on the framework that health insurance provides to those most in need.
- There was a comment about the need for capacity-building measures for provider networks. Most clients in the north of the state do not have cars, so there will be increased need for transportation and coordination of care. There are concerns that primary care access will be an ongoing issue that will need to be address.